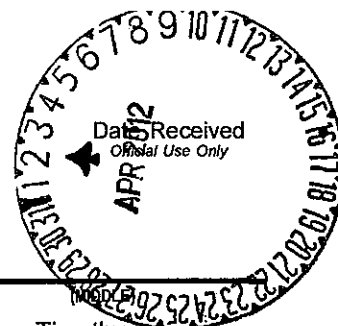


STATEMENT OF ECONOMIC INTERESTS



RECEIVED
FAIR POLITICAL
PRACTICES COMMISSION
COVER PAGE
2012 APR -5 PM 2:26



Please type or print in ink.

NAME OF FILER

(LAST)

(FIRST)

McGuire

Michael

Timothy

1. Office, Agency, or Court

Agency Name

County of Sonoma

Division, Board, Department, District, if applicable

Your Position

Board of Supervisors

4th District Supervisor

► If filing for multiple positions, list below or on an attachment.

Agency: _____

Position: _____

2. Jurisdiction of Office (Check at least one box)

☐ State

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☐ Multi-County _____

☒ County of Sonoma

☐ City of _____

☐ Other _____

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2011, through December 31, 2011.

☐ Leaving Office: Date Left ____/____/____
(Check one)

-or-

The period covered is ____/____/____, through December 31, 2011.

☐ The period covered is January 1, 2011, through the date of leaving office.

☐ Assuming Office: Date assumed ____/____/____

☐ The period covered is ____/____/____, through the date of leaving office.

☐ Candidate: Election Year _____ Office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 4

☐ Schedule A-1 - Investments - schedule attached

☒ Schedule C - Income, Loans, & Business Positions - schedule attached

☐ Schedule A-2 - Investments - schedule attached

☒ Schedule D - Income - Gifts - schedule attached

☒ Schedule B - Real Property - schedule attached

☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

herein and in any attached schedules is true and complete. I acknowledge this is a

I certify under penalty of perjury under the laws of the State of California that

Date Signed

4/2/12

(month, day, year)

Signature

SCHEDULE C
Income, Loans, & Business
Positions
(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

Michael McGuire

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

County of Sanoma

ADDRESS (Business Address Acceptable)

575 Administration Drive / Santa Rosa CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Supervisor 4th District

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☒ \$10,001 - \$100,000 ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☒ Salary ☐ Spouse's or registered domestic partner's income

☐ Loan repayment ☐ Partnership

☐ Sale of _____
(Real property, car, boat, etc.)

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☐ Other _____
(Describe)

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

Hearldsbury Unified School District

ADDRESS (Business Address Acceptable)

Sanoma County Office of Education

5360 Skyline Blvd Santa Rosa, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

High School Teacher

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☒ \$10,001 - \$100,000 ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☐ Salary ☒ Spouse's or registered domestic partner's income

☐ Loan repayment ☐ Partnership

☐ Sale of _____
(Real property, car, boat, etc.)

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☐ Other _____
(Describe)

2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000
☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000
☐ OVER \$100,000

INTEREST RATE

_____ % ☐ None

TERM (Months/Years)

SECURITY FOR LOAN

☐ None ☐ Personal residence

☐ Real Property _____
Street address

City

☐ Guarantor _____

☐ Other _____
(Describe)

Comments: _____

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name _____

▶ NAME OF SOURCE
Tito Sasaki

ADDRESS (Business Address Acceptable)
Po Box 200 Vineburg CA 95487

BUSINESS ACTIVITY, IF ANY, OF SOURCE _____

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>02/25/11</u>	<u>\$190.00</u>	<u>So. Co. Farm Bureau Crab Feed ticket (x2)</u>
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME OF SOURCE
Sonoma County Winegrape Commission

ADDRESS (Business Address Acceptable)
3637 Westwind Blvd Santa Rosa, CA 95403

BUSINESS ACTIVITY, IF ANY, OF SOURCE _____

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>09/24/11</u>	<u>\$200.00</u>	<u>Harvest Fair Awards Dinner Tickets (x2)</u>
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME OF SOURCE
Jane Doran

ADDRESS (Business Address Acceptable)
506 Hillside Drive Cloverdale CA 95425

BUSINESS ACTIVITY, IF ANY, OF SOURCE _____

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05/7/11</u>	<u>\$270.00</u>	<u>Council on Aging Derby Day Tickets (x2)</u>
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME OF SOURCE _____

ADDRESS (Business Address Acceptable) _____

BUSINESS ACTIVITY, IF ANY, OF SOURCE _____

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME OF SOURCE _____

ADDRESS (Business Address Acceptable) _____

BUSINESS ACTIVITY, IF ANY, OF SOURCE _____

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME OF SOURCE _____

ADDRESS (Business Address Acceptable) _____

BUSINESS ACTIVITY, IF ANY, OF SOURCE _____

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

Comments: _____



Supervisor Mike McGuire
2011 Form 700 - Statement of Economic Interests Reporting Commissions

- BOS
- SCTA
- LAFCO
- First Five Commission (exp 12/30/11)
- Eel/Russian River Commission
- Public Policy Facilitating Committee
- Russian River Watershed Association
- North Coast Air Basin Control District
- Sonoma County Indian Gaming Local Community Benefit Committee
- Association of Bay Area Governments (alternate)
- Northern California Counties Tribal Consortium

Supervisor Mike McGuire
Northern Sonoma County's Fourth District